



Attorney Docket No.: 102194-6

**DECLARATION AND POWER OF ATTORNEY FOR  
UNITED STATES LETTERS PATENT APPLICATION**

As a below-named inventor, I hereby declare that:

My residence, post-office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**VACCINE-MEDIATED TREATMENT OF NEUROLOGICAL DISORDERS**

the specification of which

(check one)

☐ is attached hereto.

☒ was filed on: January 24, 2000

as Application No.: 09/491,896

and was amended on:  
(if applicable).

In the event that the filing date and/or Application No. are not entered above at the time I execute this document, and if such information is deemed necessary, I hereby authorize and request my attorneys at Nutter, McClennen & Fish, LLP, One International Place, Boston, MA 02110-2699, to insert above the filing date and/or Application No. of said application.

I hereby state that I have reviewed and understand the contents of the above-identified application specification, including the claims, as amended by any amendment specifically referred to herein.

I acknowledge the duty to disclose all information known to me that is material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

## FOREIGN PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

(check one)

- ☒ no such foreign applications have been filed.
- ☐ such foreign applications have been filed as follows:

EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

Country	Application Number	Date of Filing (month, day, year)	Priority Claimed Under 35 USC 119
			___ Yes No ___
			___ Yes No ___
			___ Yes No ___
			___ Yes No ___
			___ Yes No ___

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION


### CLAIM FOR BENEFIT OF EARLIER U.S. PROVISIONAL APPLICATION(s)

I hereby claim priority benefits under Title 35, United States Code §119(e), of any United States provisional patent application(s) listed below:

(check one)

- ☐ no such U.S. provisional applications have been filed.
- ☒ such U.S. provisional applications have been filed as follows:

Application Number	Date of Filing (month, day, year)	Priority Claimed Under 35 USC 119(e)
60/116,748	01/22/99	<u>  X  </u> Yes    No <u>      </u>
60/127,142	03/31/99	<u>  X  </u> Yes    No <u>      </u>
		<u>      </u> Yes    No <u>      </u>

### CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(s)

I hereby claim the benefit under Title 35, United States Code §120, of the United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United State Code, §112, I acknowledge the duty to disclose all information that is material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56, and which became available to me between the filing date of the prior application and the national or PCT international filing date of this application:

(check one)

- ☒ no such U.S./PCT applications have been filed.
- ☐ such U.S./PCT applications have been filed as follows:

Application Number	Date of Filing (month,day,year)	Status (Patented/Pending/Abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint:

Ronald E. Cahill	Reg. No. 38,403	David J. Powsner	Reg. No. 31,868
Carl M. DeFranco, Jr.	Reg. No. 32,675	Richard J. Roos	Reg. No. 45,053
Thomas J. Engellenner	Reg. No. 28,711	Michelle B. Rosenberg	Reg. No. 40,792
Michael I. Falkoff	Reg. No. 30,833	Scott D. Rothenberger	Reg. No. 41,277
William C. Geary III	Reg. No. 31,359		

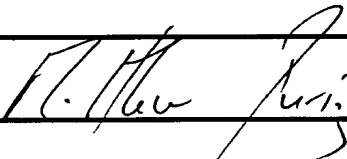
all of Nutter McClennen & Fish, LLP, One International Place, Boston, Massachusetts 02110-2699, jointly, and each of them severally, my attorneys at law, with full power of substitution, delegation and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith.

Please mail correspondence to: Thomas J. Engellenner  
at **Customer Number 021125**, whose address is:

Nutter McClennen & Fish, LLP  
One International Place  
Boston, Massachusetts 02110-2699

Please direct telephone calls to: Thomas J. Engellenner  
at (617) 439-2948.

Please direct facsimiles to: (617) 310-9948

Full name of sole or first joint inventor Matthew J. During	
Inventor's Signature 	Date 1.29.00
Residence 221 South 12 <sup>th</sup> St., Apt. 2055, Philadelphia, PA 19107	
Country of Citizenship U.S.A	
Post Office Address (required) same as above	

819247

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****APPLICANT:** Matthew J. During**ATTORNEY  
DOCKET NO:**

102194-6

**APPLICATION NO.:** 09/491,896**EXAMINER:** Not Yet Assigned**FILED:** January 24, 2000**GROUP NO:** 1643**ENTITLED:** VACCINE-MEDIATED TREATMENT OF NEUROLOGICAL DISORDERS**STATEMENT CLAIMING SMALL ENTITY STATUS****BOX MISSING PARTS**Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

**THE UNDERSIGNED STATES:**

Exclusive rights in the above-identified invention reside in the "small entity(ies)" defined and named below, and "small entity" fees are appropriate. Qualification as a small entity is based upon the statement(s) below:

**INDEPENDENT INVENTOR(S)**

The below-signing independent inventor(s) has (have) not assigned, granted, conveyed or licensed, and is (are) under no obligation under contract or law to assign, grant, convey or license any rights in the invention to any person who could not likewise be classified as an independent inventor under 37 C.F.R. 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 C.F.R. § 1.9(d) or a nonprofit organization under 37 C.F.R. § 1.9(e).

The undersigned acknowledge(s) the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 C.F.R. § 11.28(b)).

The below-signing individual(s) hereby declare(s) that (he, she, they) are authorized to execute this statement on behalf of the small entity; that all statements made herein of (his, her, their) own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issue thereon, or any patent to which this verified statement is directed.

---

Name of Small Entity:

Matthew J. During

---

Address of Small Entity:

221 South 12th St., Apt. 2055, Philadelphia, PA 19107

---

Name of Person Signing:

Matthew J. During

---

Title of Person Signing:

Dr.

---

**Signature:** (Please sign and date in permanent ink.)

**Date signed:**

X

Matthew J. During

X

1.29.00

---

819252